

Fill in this information to identify the case:

Debtor name KPH Construction Corp.

United States Bankruptcy Court for the: District of Wisconsin Eastern

Case number (if known): 19-20939-beh

☐ Check if this is an amended filing

Official Form 206A/B**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**

\$ 107.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. BMO Harris Bank N.A. \$ 186,826.81

3.2. See Attachment 1 \$

See Attachment 2: Additional Checking, Savings, Money Market, or Financial Brokerage Accounts

4. Other cash equivalents (Identify all)

4.1. Advance to KH Properties LLP \$ 60,112.58

4.2. \$

5. Total of Part 1

\$ 250,382.83

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. State Income Tax Deposit \$ 410.00

7.2. \$

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. Prepaid Insurance \$ 16,762.83

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 17,172.83**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: \$584,118.84 - \$0.00 = → \$584,118.84
face amount doubtful or uncollectible accounts11b. Over 90 days old: \$3,390,024.67 - \$10,000.00 = → \$3,380,024.67
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$3,964,143.51**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method
used for current value****Current value of debtor's
interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
See Attachment 3				
See Attachment 4: Additional Inventory (Work in Progress)	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ 71,638.00
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☒ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____36. **Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
Office Furniture and Equipment	\$ 62.35	Book Value	\$ 62.35
40. Office fixtures			
	\$ _____		\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
	\$ _____		\$ _____
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1	\$ _____		\$ _____
42.2	\$ _____		\$ _____
42.3	\$ _____		\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 62.35

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

General description <small>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)</small>	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 Vehicles	\$ 75,333.42	Book Value	\$ 75,333.42
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
49. Aircraft and accessories			
49.1	\$		\$
49.2	\$		\$
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
See Attachment 5	\$		\$
See Attachment 6: Additional Machinery, Fixtures, and Equipment			
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$473,732.42

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?☐ No☐ Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**☐ No☐ Yes**Part 10: Intangibles and Intellectual Property****59. Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

See Attachment 8

_____ — _____ = → \$ _____
Total face amount doubtful or uncollectible amount

See Attachment 7: Additional Notes Receivable

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Appeal Sale Northland Hotel

Nature of claim Construction Lien

Amount requested \$ 6,168,782.23

\$ Unknown

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

Leasehold Improvements

See Attachment 9

See Attachment 10: Additional Property Not Already Listed

\$ 88,590.00

\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 2,804,184.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 250,382.83	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 17,172.83	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 3,964,143.51	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 71,638.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment, and collectibles. <i>Copy line 43, Part 7.</i>	\$ 62.35	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 473,732.42	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 2,804,184.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 7,581,315.94	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 7,581,315.94

Attachment 1/3
Debtor: KPH Construction Corp. Case No: 19-20939-beh

Attachment 1

Park Bank
2,500.00

Payroll
836.44

Attachment 2: Additional Checking, Savings, Money Market, or Financial Brokerage Accounts

Account Type: Payroll
Value: \$836.44

Attachment 3

Work In Progress
Unknown
29,976.00

Construction In Progress
41,662.00

Attachment 4: Additional Inventory (Work in Progress)

Description: Construction In Progress
Book Value:
Value: \$41,662.00

Attachment 5

Construction Equipment
42,744.03
Book Value
324,221.00

Computer Software
0.00
Book Value
74,178.00

Attachment 6: Additional Machinery, Fixtures, and Equipment

Description: Computer Software

Attachment 2/3
Debtor: KPH Construction Corp. Case No: 19-20939-beh

Book Value: \$0.00
Valuation method: Book Value
Value: \$74,178.00

Attachment 7: Additional Notes Receivable

Description: Retainage
Face Amount: \$1,336,747.00
Doubtful or Uncollectible Amount: \$0.00
Value: \$1,336,747.00

Description: Note receivable - BW Contracting Services
Face Amount: \$2,136.00
Doubtful or Uncollectible Amount: \$0.00
Value: \$2,136.00

Face Amount: \$1,080,421.00
Doubtful or Uncollectible Amount: \$0.00
Value: \$1,080,421.00

Attachment 8

note Receivable - Bruce Real Estate
\$288,190.00
\$0.00
288,190.00

Retainage
\$1,336,747.00
\$0.00
1,336,747.00

Note receivable - BW Contracting Services
\$2,136.00
\$0.00
2,136.00

\$1,080,421.00
\$0.00
1,080,421.00

Attachment 3/3
Debtor: KPH Construction Corp. Case No: 19-20939-beh

Attachment 9

Fox River Flyers- membership
4,600.00

Employee Advances
3,500.00

Attachment 10: Additional Property Not Already Listed

Description: Employee Advances
Value: \$3,500.00

Value:

Fill in this information to identify the case:

Debtor name KPH Construction Corp.
United States Bankruptcy Court for the: District of Wisconsin Eastern
Case number (if known): 19-20939-beh

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

2.1 Creditor's name <u>BMO Harris Bank</u>	Describe debtor's property that is subject to a lien <u>See Attachment 1</u>	<u>\$2,000,000.00</u>	<u>\$4,282,783.00</u>
Creditor's mailing address <u>770 N. Water St.</u> <u>Milwaukee, WI 53202</u>	<u>X</u>		
Creditor's email address, if known _____	Describe the lien <u>Line of Credit</u>		
Date debt was incurred _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
Do multiple creditors have an interest in the same property? No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. <u>BMO Harris Bank: 1</u> <u>Liberty Mutual Insurance Co: 2</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.2 Creditor's name <u>Liberty Mutual Insurance Company</u>	Describe debtor's property that is subject to a lien <u>See collateral descriptoins on UCC filings.</u>	<u>\$5,600,000.00</u>	<u>\$4,211,082.00</u>
Creditor's mailing address <u>175 Berkeley St.</u> <u>Boston, MA 02116</u>	<u>Second priority behind BMO Harris Bank</u>		
Creditor's email address, if known _____	Describe the lien <u>See Attachment 2</u>		
Date debt was incurred _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
Do multiple creditors have an interest in the same property? No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		<u>\$7,600,000.00</u>	

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 Creditor's name

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

2.4 Creditor's name

Describe debtor's property that is subject to a lien

\$

\$

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

[illegible]

Attachment
Debtor: KPH Construction Corp. Case No: 19-20939-beh

Attachment 1

Includes accounts, AR, equipment, inventory, wip, office furniture.
First priority ahead of Liberty Mutual

Attachment 2

UCC Filing 180015080620, 11/9/2018
UCC Filing 180015083623, 11/9/2018

Fill in this information to identify the case:

Debtor KPH Construction Corp.
United States Bankruptcy Court for the: District of Wisconsin Eastern
Case number 19-20939-beh
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Internal Revenue Service
See Attachment 1
Philadelphia, PA 19101-7346

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Total claim

\$ 14,079.33

Priority amount

\$ 14,079.33

2.2 Priority creditor's name and mailing address

Wisconsin Dept. of Revenue
819 N. 6th St. #408
Milwaukee, WI 53203

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

\$ 5,655.00

\$ 5,655.00

2.3 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

\$ 0.00

\$ 0.00

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4 Priority creditor's name and mailing address

\$ 0.00

\$ 0.00

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.5 Priority creditor's name and mailing address

\$ 0.00

\$ 0.00

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.6 Priority creditor's name and mailing address

\$ 0.00

\$ 0.00

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.7 Priority creditor's name and mailing address

\$ 0.00

\$ 0.00

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address A&E Graphics Inc. 4075 N. 124th Street Brookfield, WI 53005 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 194.90
3.2	Nonpriority creditor's name and mailing address ABC Supply 15631 Collection Center Chicago, IL 60693-0156 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 0.00
3.3	Nonpriority creditor's name and mailing address Absolute Procurement Service Inc 4829 N Congress Ave Portland, OR 97217 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 0.00
3.4	Nonpriority creditor's name and mailing address Accurate Recharge & Fire 5811 N. 96th Street Milwaukee, WI 53225 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 337.69
3.5	Nonpriority creditor's name and mailing address Advance Shade & Drapery 980 Mary Lane Boookfield, WI 53045 Date or dates debt was incurred 01/04/2018 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
		\$ 150.00
3.6	Nonpriority creditor's name and mailing address Advanced Communication Special N70 W25156 Indiangrass Lane Sussex, WI 53089 Date or dates debt was incurred 01/21/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 268.01

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address <u>Advanced Disposal</u> <u>Emerald Park Landfill, LLC-F1 P.O. Box 74008053</u> <u>Chicago, IL 60674-8053</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>9,460.67</u>
3.8	Nonpriority creditor's name and mailing address <u>Ahern Fire</u> <u>P.O. Box 1316</u> <u>Fond du Lac, WI 54936-1316</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,025.00</u>
3.9	Nonpriority creditor's name and mailing address <u>ALG Northland Management LLC</u> <u>11 SW Fifth Ave Suite 1001</u> <u>Portland, OR 97204</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.10	Nonpriority creditor's name and mailing address <u>Allied Insulation</u> <u>P.O. Box 2122</u> <u>Milwaukee, WI 53201</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.11	Nonpriority creditor's name and mailing address <u>American Express</u> <u>P.O. Box 0001</u> <u>Los Angeles, CA 90096-8000</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>257.13</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	Nonpriority creditor's name and mailing address <u>Americollect, Inc.</u> <u>P.O. Box 1505</u> <u>Manitowoc, WI 54221-1505</u> Date or dates debt was incurred <u>01/09/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>400.00</u>
3.13	Nonpriority creditor's name and mailing address <u>Architectural Grille</u> <u>42 Second Avenue</u> <u>Brooklyn, NY 11215</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>68.61</u>
3.14	Nonpriority creditor's name and mailing address <u>Arteaga Construction Inc.</u> <u>4000 S. Pine Avenue</u> <u>Milwaukee, WI 53207</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>383,372.60</u>
3.15	Nonpriority creditor's name and mailing address <u>Automated Logic</u> <u>954 Glory Road</u> <u>Green Bay, WI 54304</u> Date or dates debt was incurred <u>over time</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>67,996.09</u>
3.16	Nonpriority creditor's name and mailing address <u>Automatic Entrances of WI Inc.</u> <u>1712 Paramount Court</u> <u>Waukesha, WI 53186</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>577.50</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	Nonpriority creditor's name and mailing address <u>B&D Contractors, Inc.</u> <u>17020 West Rogers Dr.</u> <u>New Berlin, WI 53151</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>719.00</u>
3.18	Nonpriority creditor's name and mailing address <u>Badger Railing Inc.</u> <u>3880 W. Milwaukee Road</u> <u>Milwaukee, WI 54304</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.19	Nonpriority creditor's name and mailing address <u>Barclays</u> <u>P.O. Box 13337</u> <u>Philadelphia, PA 19101-3337</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>29,764.96</u>
3.20	Nonpriority creditor's name and mailing address <u>Barricade Flashers</u> <u>6610 S. 13th Street</u> <u>Oak Creek, WI 53154</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,545.82</u>
3.21	Nonpriority creditor's name and mailing address <u>Batzner</u> <u>16948 W. Victor Road</u> <u>New Berlin, WI 53151</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>3,292.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.22	Nonpriority creditor's name and mailing address <u>Benavides Construction Inc.</u> <u>4522 NW Hwy.</u> <u>Waterford, WI 53185</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>12,000.00</u>
3.23	Nonpriority creditor's name and mailing address <u>Best Specialties Inc</u> <u>11811 W. Dixon Street</u> <u>Milwaukee, WI 53214</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.24	Nonpriority creditor's name and mailing address <u>Block Iron & Supply Co Inc</u> <u>1016 Witzel Ave P.O. Box 557</u> <u>Oshkosh, WI 54903</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.25	Nonpriority creditor's name and mailing address <u>BPC Holdings Inc.</u> <u>P.O Box 270386</u> <u>Milwaukee, WI 53227</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.26	Nonpriority creditor's name and mailing address <u>Buckys Portable Toilets, Inc.</u> <u>2182 Hwy. MM</u> <u>Oregon, WI 53575</u> Date or dates debt was incurred <u>10/25/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>263.75</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.27	Nonpriority creditor's name and mailing address <u>Building Installation Group I</u> <u>1609 Western Ave</u> <u>Green Bay, WI 54303</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.28	Nonpriority creditor's name and mailing address <u>Building Service Inc.</u> <u>W222 N630 Cheaney Rd.</u> <u>Waukesha, WI 53186-1697</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,691.00</u>
3.29	Nonpriority creditor's name and mailing address <u>Butters Fetting</u> <u>1669 South 1st Street</u> <u>Milwaukee, WI 53204-2999</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>22,489.24</u>
3.30	Nonpriority creditor's name and mailing address <u>C.M.Morris Fireproofing</u> <u>610 Wedvick Rd.</u> <u>Deerfield, WI 53531</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>13,886.79</u>
3.31	Nonpriority creditor's name and mailing address <u>Cabella's Club Visa</u> <u>P.O. Box 82519</u> <u>Lincoln, NE 68501-2519</u> Date or dates debt was incurred <u>06/18/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>13,800.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.32	Nonpriority creditor's name and mailing address Cade Law Group Attn: Nathaniel Cade P.O. box 170887 Milwaukee, WI 53217 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.33	Nonpriority creditor's name and mailing address Calouette Construction Service 4330 Conifer Ct. Union Grove, WI 53182 Date or dates debt was incurred 5/31/2018 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 401.07
3.34	Nonpriority creditor's name and mailing address Cans-To-Go LLC 751 W. Oakland Ave. Port Washington, WI 53074 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 223.87
3.35	Nonpriority creditor's name and mailing address Cardinal Fabricating Corporation 2021 S Lenox St Milwaukee, WI 53207 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.36	Nonpriority creditor's name and mailing address Central Barrel & Drum Co. Inc. P.O. Box 2293 Oshkosh, WI 54903 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 228.68

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.37	Nonpriority creditor's name and mailing address Century Fence Company P.O. Box 727 Pewaukee, WI 53072-0727 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 26,854.05
3.38	Nonpriority creditor's name and mailing address Chase Cardmember Service P.O. Box 6294 Carol Stream, IL 60197-6294 Date or dates debt was incurred _____ Last 4 digits of account number <u>4</u> <u>0</u> <u>3</u> <u>4</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: corporate credit card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 63,224.08
3.39	Nonpriority creditor's name and mailing address Cisco-Eagle 2120 Valley View Lane Dallas, TX 75234 Date or dates debt was incurred <u>11/21/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 250.00
3.40	Nonpriority creditor's name and mailing address Citibank Select P.O. Box 9001037 Louisville, KY 40290-1037 Date or dates debt was incurred _____ Last 4 digits of account number <u>7</u> <u>6</u> <u>1</u> <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: American AAdvantage credit card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 45,608.84
3.41	Nonpriority creditor's name and mailing address City of Green Bay 100 Northern Jefferson St. c/o Treasurer Diana Ellenbecker Green Bay, WI 54301 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.42	<p>Nonpriority creditor's name and mailing address</p> <p><u>City of Milwaukee</u></p> <p><u>City Treasurer P.O. Box 78776</u></p> <p><u>Milwaukee, WI 53278-0776</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 13,886.79</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Property Taxes</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.43	<p>Nonpriority creditor's name and mailing address</p> <p><u>Coates Electric</u></p> <p><u>21675 Doral Road Suite 8</u></p> <p><u>Waukesha, WI 53186</u></p> <p>Date or dates debt was incurred <u>over time</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 12,255.50</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.44	<p>Nonpriority creditor's name and mailing address</p> <p><u>Commercial Walls & Ceilings</u></p> <p><u>401 Wilmont Dr. Unit F</u></p> <p><u>Waukesha, WI 53189</u></p> <p>Date or dates debt was incurred <u>12/19/2018</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,089.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.45	<p>Nonpriority creditor's name and mailing address</p> <p><u>Company B Brand Marketing LLC</u></p> <p><u>218 South 2nd St</u></p> <p><u>Milwaukee, WI 53204</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 0.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Notice Only</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.46	<p>Nonpriority creditor's name and mailing address</p> <p><u>Concentra</u></p> <p><u>Occupational Health Centers P.O. Box 1297</u></p> <p><u>Brookfield, WI 53008-1297</u></p> <p>Date or dates debt was incurred <u>12/15/2018</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 233.50</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.47	Nonpriority creditor's name and mailing address <u>Connect Hospitality Solutions</u> <u>628 S. Main St.</u> <u>Fort Atkinson, WI 53538</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.48	Nonpriority creditor's name and mailing address <u>Consolidated Door</u> <u>11709 W. Dixon Street</u> <u>Milwaukee, WI 53214</u> Date or dates debt was incurred <u>06/10/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>255.00</u>
3.49	Nonpriority creditor's name and mailing address <u>Construction Technology Laboratories, Inc.</u> <u>5400 Old Orchard Road</u> <u>Skokie, IL 60077</u> Date or dates debt was incurred <u>05/26/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,587.76</u>
3.50	Nonpriority creditor's name and mailing address <u>Cornerstone Plumbing, LLC</u> <u>20865 Enterprise Ave.</u> <u>Brookfield, WI 53045</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>96,418.04</u>
3.51	Nonpriority creditor's name and mailing address <u>Craftmaster Painting LLC</u> <u>11113 W. Forest Home Ave. Suite 110</u> <u>Franklin, WI 53132</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>28,650.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.52	Nonpriority creditor's name and mailing address <u>Crescent Electric Supply Company</u> <u>770 Dunleith Dr</u> <u>East Dubuque, IL 61025</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.53	Nonpriority creditor's name and mailing address <u>Crown Equipment Corporation</u> <u>P.O. Box 641173</u> <u>Cincinnati, OH 45264-1173</u> Date or dates debt was incurred <u>05/30/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>356.40</u>
3.54	Nonpriority creditor's name and mailing address <u>Cybercoders, Inc.</u> <u>6591 Irvine Center Dr. Suite 200</u> <u>Irvine, CA 90074-4318</u> Date or dates debt was incurred <u>09/19/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>11,041.33</u>
3.55	Nonpriority creditor's name and mailing address <u>Dairyland Energy Solutions</u> <u>12770 W. Custer Ave.</u> <u>Butler, WI 53007</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>34,905.84</u>
3.56	Nonpriority creditor's name and mailing address <u>Damarc Quality Inspection Services</u> <u>2195 59th Street</u> <u>Somerset, WI 54025</u> Date or dates debt was incurred <u>01/31/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>240.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.57	Nonpriority creditor's name and mailing address <u>Dan Nelson</u> <u>N1785 Hwy H</u> <u>Palmyra, WI 53156</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>47.42</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58	Nonpriority creditor's name and mailing address <u>Davis Companies, LLC</u> <u>539 Elijah Court</u> <u>Evansville, WI 53536</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>2,234.40</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.59	Nonpriority creditor's name and mailing address <u>Dawes Rigging & Crane Rental</u> <u>P.O. Box 44080</u> <u>Milwaukee, WI 53214</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>2,969.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	Nonpriority creditor's name and mailing address <u>DeBlauw Purchasing LLC</u> <u>60 Langs Ln</u> <u>Newmarket, NH 03857</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.61	Nonpriority creditor's name and mailing address <u>DeKeyser Construction Company Inc.</u> <u>480 N Northview Rd</u> <u>Green Bay, WI 54311</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.62	Nonpriority creditor's name and mailing address <u>Discover</u> <u>P.O. Box 6103</u> <u>Carol Stream, IL 60197-6103</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>5,000.00</u>
3.63	Nonpriority creditor's name and mailing address <u>DK Contractors</u> <u>11013 122 Street</u> <u>Pleasant Prairie, WI 53158</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>6,551.43</u>
3.64	Nonpriority creditor's name and mailing address <u>Drexel Building Supply</u> <u>19355 W. Bluemound Rd.</u> <u>Brookfield, WI 53045</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,587.90</u>
3.65	Nonpriority creditor's name and mailing address <u>Echo Construction Services Inc.</u> <u>P.O. Box 17</u> <u>Somers, WI 53171</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>7,711.50</u>
3.66	Nonpriority creditor's name and mailing address <u>Empower Electirc</u> <u>P.O. Box 211</u> <u>Menomonee Falls, WI 53052</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>32,000.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.67	Nonpriority creditor's name and mailing address Excalibur Flooring, LLC 11539 N. Oriole Ln. Mequon, WI 53092 Date or dates debt was incurred 11/24.18 Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 537.80 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68	Nonpriority creditor's name and mailing address Excel Disposal of Wisconsin LLC 5329 W. State Street Milwaukee, WI 53208 Date or dates debt was incurred 01/20/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 425.00 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.69	Nonpriority creditor's name and mailing address Faulkners Construction 2031 Winchester Drive Freeport, IL 61032 Date or dates debt was incurred 10/22/2016 Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 320.00 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	Nonpriority creditor's name and mailing address Forward Contractors P.O. Box 396 Grafton, WI 53204 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 0.00 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71	Nonpriority creditor's name and mailing address Foss and Company 1700 Montgomery St Suite 210 San Francisco, CA 94111 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 0.00 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.72	Nonpriority creditor's name and mailing address <u>Frantl Industries Inc.</u> <u>W227 N6330 Sussex Rd.</u> <u>Sussex, WI 53089</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>26,225.00</u>
3.73	Nonpriority creditor's name and mailing address <u>Gagnon Clay Products</u> <u>2770 S. Ashland Avenue P.O. Box 28200</u> <u>Green Bay, WI 54324</u> Date or dates debt was incurred <u>12/30/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>8,545.63</u>
3.74	Nonpriority creditor's name and mailing address <u>Garaventa USA, Inc.</u> <u>225 Depot St.</u> <u>Antioch, IL 60002</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>475.00</u>
3.75	Nonpriority creditor's name and mailing address <u>Gateway Construction</u> <u>P.O. Box 178</u> <u>Pulaski, WI 54162</u> Date or dates debt was incurred <u>02/10/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>58,777.79</u>
3.76	Nonpriority creditor's name and mailing address <u>Gateway Construction and Development LLC</u> <u>200 S St Augustine Unit B</u> <u>Pulaski, WI 54162</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.77	Nonpriority creditor's name and mailing address <u>Geis Building Products</u> <u>20520 Enterprise Avenue P.O. Box 622</u> <u>Brookfield, WI 53008-0622</u> Date or dates debt was incurred <u>01/13/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 242.50
3.78	Nonpriority creditor's name and mailing address <u>General Mitchel Int'l Airport</u> <u>P.O. Box 7897</u> <u>Milwaukee, WI 53287</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.79	Nonpriority creditor's name and mailing address <u>Gentz Electric</u> <u>406 West 10 1/2 Street P.O. Box 84</u> <u>Monroe, WI 53566</u> Date or dates debt was incurred <u>11/16/2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 340.00
3.80	Nonpriority creditor's name and mailing address <u>Germantown Iron & Steel</u> <u>N174 W21370 Alcan Dr.</u> <u>Jackson, WI 53037</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,551.30
3.81	Nonpriority creditor's name and mailing address <u>GESTRA Engineering Inc.</u> <u>191 W. Edgerton Ave.</u> <u>Milwaukee, WI 53207</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,873.35

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.82	Nonpriority creditor's name and mailing address <u>Goldstein Law Group, S.C.</u> <u>161 S 1st St., Ste. 400</u> <u>Milwaukee, WI 53204</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Unknown</u>
3.83	Nonpriority creditor's name and mailing address <u>Graybar Milwaukee</u> <u>650 S 108th St</u> <u>West Allis, WI 53214-1134</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>437.07</u>
3.84	Nonpriority creditor's name and mailing address <u>Great Lakes Bowling Equipment</u> <u>2732 South 163rd Street</u> <u>New Berlin, WI 53151</u> Date or dates debt was incurred <u>1/31/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>9,480.75</u>
3.85	Nonpriority creditor's name and mailing address <u>Great Lakes Excavating Inc.</u> <u>6701 N Teutonia Ave.</u> <u>Milwaukee, WI 53209</u> Date or dates debt was incurred <u>8/21/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,000.00</u>
3.86	Nonpriority creditor's name and mailing address <u>Guru Luxury LLC</u> <u>6000 Indian Creek Dr</u> <u>Miami Beach, FL 33140</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.87	Nonpriority creditor's name and mailing address <u>Guru of Luxury</u> <u>6000 Indian Creek Drive Suite 1801-A</u> <u>Miami Beach, FL 33140</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.88	Nonpriority creditor's name and mailing address <u>H.J. Martin and Son, Inc.</u> <u>320 S. Military Ave.</u> <u>Green Bay, WI 54303</u> Date or dates debt was incurred <u>over time</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 85,000.00
3.89	Nonpriority creditor's name and mailing address <u>Halling & Cayo</u> <u>320 E Buffalo St #700</u> <u>Milwaukee, WI 53202</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,960.00
3.90	Nonpriority creditor's name and mailing address <u>Hard Rock Sawing and Drilling</u> <u>P.O. Box 718</u> <u>Keshena, WI 54135</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,916.50
3.91	Nonpriority creditor's name and mailing address <u>Heat & Power Products Inc</u> <u>1501 Bohm Dr</u> <u>Little Chute, WI 54140</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.92	Nonpriority creditor's name and mailing address <u>Hennes Services, Inc.</u> <u>4100 W. Lincoln Avenue</u> <u>West Milwaukee, WI 53215</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 4,916.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.93	Nonpriority creditor's name and mailing address <u>Henry R Marohl, Inc.</u> <u>10848 W. Wisconsin Ave.</u> <u>Wauwatosa, WI 53226</u> Date or dates debt was incurred <u>over time</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 74,303.02</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94	Nonpriority creditor's name and mailing address <u>Hinshaw & Culbertson LLP</u> <u>333 South Seventh St. Suite 2000</u> <u>Minneapolis, MN 55402</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95	Nonpriority creditor's name and mailing address <u>Historic Equity Wisconsin Inc.</u> <u>1034 S Brentwood Blvd</u> <u>Saint Louis, MO 63117</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96	Nonpriority creditor's name and mailing address <u>Holton Brothers, Inc.</u> <u>1257 Terminal Road</u> <u>Grafton, WI 53024</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 5,801.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.97	Nonpriority creditor's name and mailing address <u>Hotel Northland Developer LLC</u> <u>1237 W Bruce St</u> <u>Milwaukee, WI 53204</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.98	Nonpriority creditor's name and mailing address <u>Hotel Northland LLC</u> <u>1237 W Bruce Street</u> <u>Milwaukee, WI 53204</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.99	Nonpriority creditor's name and mailing address <u>Husch Blackwell LLP</u> <u>P.O. Box 790379</u> <u>St. Louis, MO 63179-0379</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,706.80</u>
3.100	Nonpriority creditor's name and mailing address <u>Integrity Grading & Excavating</u> <u>605 Grossman Drive</u> <u>Schofield, WI 54476</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>12,944.00</u>
3.101	Nonpriority creditor's name and mailing address <u>Interstate Sawing Company Inc.</u> <u>7403 Sleepy Hollow Rd</u> <u>West Bend, WI 53090</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.102	Nonpriority creditor's name and mailing address <u>J Ryan Bonding</u> <u>P.O. Box 465</u> <u>Hudson, WI 54016-0465</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>5,545.00</u>
3.103	Nonpriority creditor's name and mailing address <u>John Suchorski</u> <u>W232 S5265 Amy court</u> <u>Waukesha, WI 53189</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.104	Nonpriority creditor's name and mailing address <u>Johnson & Sons Paving, LLC</u> <u>20275 W. Good Hope Road</u> <u>Lannon, WI 53046</u> Date or dates debt was incurred <u>11/21/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>107,217.51</u>
3.105	Nonpriority creditor's name and mailing address <u>Johnson Controls Security Solutions</u> <u>P.O. Box 371967</u> <u>Pittsburgh, PA 15250-7967</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>389.97</u>
3.106	Nonpriority creditor's name and mailing address <u>Just Service Inc.</u> <u>P.O. Box 227</u> <u>Greendale, WI 53129</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>3,253.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.107 Nonpriority creditor's name and mailing address

Kahler Slater Inc.

648 N Plankinton Ave

Milwaukee, WI 53203

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 0.00

Basis for the claim: Notice Only

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.108 Nonpriority creditor's name and mailing address

Klawes Company Inc.

N56W13740 W Silver Spring Rd

Menomonee Falls, WI 53051

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Notice Only

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.109 Nonpriority creditor's name and mailing address

Komisar & Spindler

N86 W16394 Appleton Avenue

Menomonee Falls, WI 53051

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 9,500.00

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.110 Nonpriority creditor's name and mailing address

Komisar and Spindler S.C.

N86 W16394 Appleton Ave

Menomonee Falls, WI 53051

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Notice Only

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.111 Nonpriority creditor's name and mailing address

KPH Construction Services LLC

1237 W. Bruce Street

Milwaukee, WI 53204

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 845,677.05

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.112	Nonpriority creditor's name and mailing address KPH Environmental Corp. 1237 W. Bruce Street Milwaukee, WI 53204 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 145,329.52
3.113	Nonpriority creditor's name and mailing address Lake City Mechanical, Inc. P.O. Box 300 Marshall, WI 53559-0300 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,334.71
3.114	Nonpriority creditor's name and mailing address Langer Roofing & Sheet Metal 345 South Curtis Road Milwaukee, WI 53214 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 49,868.87
3.115	Nonpriority creditor's name and mailing address Liberty Mutual Insurance Company 3815 Forbs Ave Suite 102 c/o Gretchen A. Eck Hoffman Estates, Illinois 60192 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.116	Nonpriority creditor's name and mailing address Lincoln Contractors Supply Inc. P.O. Box 270168 Milwaukee, WI 53227 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,314.49

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.117	Nonpriority creditor's name and mailing address <u>Loch Construction Co. Inc.</u> <u>P.O. Box 11265</u> <u>Green Bay, WI 54307-1265</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>8,457.13</u>
3.118	Nonpriority creditor's name and mailing address <u>LP/w Design Studios</u> <u>6901 N Lake Dr</u> <u>Fox Point, WI 53217</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.119	Nonpriority creditor's name and mailing address <u>Lurie Glass</u> <u>P.O. Box 240017</u> <u>Milwaukee, WI 53204-0001</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>7,417.00</u>
3.120	Nonpriority creditor's name and mailing address <u>Lurie Glass</u> <u>P.O. Box 240017</u> <u>Milwaukee, WI 53204-0001</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>7,417.00</u>
3.121	Nonpriority creditor's name and mailing address <u>Lynch Truck Center</u> <u>29000 Sharon Ln.</u> <u>Waterford, WI 53185</u> Date or dates debt was incurred <u>01/30/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>63.56</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.122	Nonpriority creditor's name and mailing address Marsh & McLennan Agency Lockbox 740663 Los Angeles, CA 90074 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 12,376.00
3.123	Nonpriority creditor's name and mailing address Martin Morales 1653 S. 57th St. West Allis, WI 53214 Date or dates debt was incurred 02/02/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 206.58
3.124	Nonpriority creditor's name and mailing address Marv's Cleaning Service 1222 S. 116th Street West Allis, WI 53214 Date or dates debt was incurred 02/11/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 600.86
3.125	Nonpriority creditor's name and mailing address MEI Total Elevator Solutions N50 W13740 Overview Drive Suite C Menomonee Falls, WI 53051 Date or dates debt was incurred 5/06/2017 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 15,732.20
3.126	Nonpriority creditor's name and mailing address Michael Hool 502 East Willow Road Milwaukee, WI 53217 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 373.29

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.127	Nonpriority creditor's name and mailing address Michael J. Frantz 1143 Woodhill Dr. Northbrook, IL 60062 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.128	Nonpriority creditor's name and mailing address Midwest Drilled Foundations & Engineering 200 S Prairie Ave Waukesha, WI 53186 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,850.00
3.129	Nonpriority creditor's name and mailing address Miller & Associates - Sauke Prairie, Inc. P.O. Box 154 Prairie du Sac, WI 53578 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,425.60
3.130	Nonpriority creditor's name and mailing address Milliken & Company 920 Milliken Road Spartanburg, SC 29303 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.131	Nonpriority creditor's name and mailing address Milwaukee Insulation Co. Inc. P.O. Box 78106 Milwaukee, WI 53 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.132	Nonpriority creditor's name and mailing address <u>Milwaukee Water Works</u> <u>P.O. Box 3268</u> <u>Milwaukee, WI 53201-3268</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.133	Nonpriority creditor's name and mailing address <u>National Elevator Inspection</u> <u>P.O. Box 503067</u> <u>St. Louis, MO 63150-3067</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.134	Nonpriority creditor's name and mailing address <u>Nexgen Building Supply</u> <u>P.O. Box 6164</u> <u>Carol Stream, IL 60197-6164</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>945.69</u>
3.135	Nonpriority creditor's name and mailing address <u>Northwest Specialty Hardware</u> <u>15865 SE 114th Ave. Ste. C</u> <u>Clackamas, OR 97015</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>78.95</u>
3.136	Nonpriority creditor's name and mailing address <u>Octagon Credit Partners LP</u> <u>126 Garrett Street Suite G</u> <u>Charlottesillve, VA 22902</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3.137 Nonpriority creditor's name and mailing address</p> <p>O'Neil Cannon Hollman Dejong & Laing SC</p> <p>111 E Wisconsin Ave</p> <p>Milwaukee, WI 53202</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 240,609.40</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: Professional services/Promissory Note 9/13/2018</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.138 Nonpriority creditor's name and mailing address</p> <p>OSI Environmental Inc.</p> <p>912 Tesch Court</p> <p>Waukesha, WI 53186</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 16,665.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.139 Nonpriority creditor's name and mailing address</p> <p>Pac-Van Inc.</p> <p>75 Remittance Drive Suite 3300</p> <p>Chicago, IL 60675-3300</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 1,669.50</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.140 Nonpriority creditor's name and mailing address</p> <p>Paul Crandall & Associates Inc.</p> <p>1645 N. Port Washington Road</p> <p>Grafton, WI 53024</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 44,867.50</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.141 Nonpriority creditor's name and mailing address</p> <p>Pavement Maintenance Inc.</p> <p>N57 W13250 Shenandoah Dr.</p> <p>Menomonee Falls, WI 53051</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 172.50</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.142	Nonpriority creditor's name and mailing address <u>Performance Firestop</u> <u>704 Lombardi Ave.</u> <u>Green Bay, WI 54304</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>253.00</u>
3.143	Nonpriority creditor's name and mailing address <u>Pieper Electric, Inc.</u> <u>5477 S Westridge Crt</u> <u>New Berlin, WI 53151</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.144	Nonpriority creditor's name and mailing address <u>Pitney Bowes Purchase Power</u> <u>P.O. Box 371874</u> <u>Pittsburgh, PA 15250-7874</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.145	Nonpriority creditor's name and mailing address <u>PRA Plunkett Raysich Architect</u> <u>209 South Water Street</u> <u>Milwaukee, WI 53204</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>487.50</u>
3.146	Nonpriority creditor's name and mailing address <u>Progressive Dynamics</u> <u>712 Bonded Parkway</u> <u>Streamwood, IL 60107</u> Date or dates debt was incurred <u>7/02/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>20,000.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.147	Nonpriority creditor's name and mailing address <u>Pro-Seal Asphalt Paving & Main</u> <u>N8 W22550 Johnson Drive</u> <u>Waukesha, WI 53186</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>21,201.91</u>
3.148	Nonpriority creditor's name and mailing address <u>R.J. Woods</u> <u>W208 N16927 Center Street</u> <u>Jackson, WI 53037</u> Date or dates debt was incurred <u>08/11/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>13,061.00</u>
3.149	Nonpriority creditor's name and mailing address <u>Raynor Door Authority</u> <u>9450 Forest Hills Rd.</u> <u>Loves Park, IL 61111</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,277.00</u>
3.150	Nonpriority creditor's name and mailing address <u>Rick Scharf Trucking</u> <u>P.O. Box 273</u> <u>Muskego, WI 53150</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,240.60</u>
3.151	Nonpriority creditor's name and mailing address <u>RJ Jacques Inc</u> <u>1710 Steffens Way</u> <u>Green Bay, WI 54311</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.152	Nonpriority creditor's name and mailing address RLP Diversified, Inc. 207 Front Street Burlington, WI 53105 Date or dates debt was incurred 01/11/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,493.94
3.153	Nonpriority creditor's name and mailing address Rod Reineke 1505 S. 167th Street New Berlin, WI 53151 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 16,980.60
3.154	Nonpriority creditor's name and mailing address S2 Technologies, LLC 2925 W. Lincoln Milwaukee, WI 53215 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,249.28
3.155	Nonpriority creditor's name and mailing address Safway Services, LLC 9800 W. Rogers Street West Allis, WI 53227 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.156	Nonpriority creditor's name and mailing address Schott Bulbitz & Engel S.C. 640 W. Moreland Boulevard Waukesha, WI 53188 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,112.50

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.157	Nonpriority creditor's name and mailing address <u>Schott, Bublitz & Engel S.C.</u> <u>640 W. Moreland Blvd.</u> <u>Waukesha, WI 53188</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>3,020.00</u>
3.158	Nonpriority creditor's name and mailing address <u>Secure Fire & Safety</u> <u>11905 Ripley Ave.</u> <u>Wauwatosa, WI 53226</u> Date or dates debt was incurred <u>8/30/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>887.00</u>
3.159	Nonpriority creditor's name and mailing address <u>Secure Fire and Safety LLC</u> <u>11905 W Ripley Ave</u> <u>Wauwatosa, WI 53226</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.160	Nonpriority creditor's name and mailing address <u>Sids Sealants</u> <u>P.O. Box 347</u> <u>Port Washington, WI 53074</u> Date or dates debt was incurred <u>1/04/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>612.00</u>
3.161	Nonpriority creditor's name and mailing address <u>Simplex Grinnell, LP</u> <u>N58 W14782 Shawn Circle</u> <u>Menomonee Falls, WI 53051</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>3,629.43</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.162	Nonpriority creditor's name and mailing address Sitzberger Glass Inc. 251 Stockhausen Lane West Bend, WI 53095 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.163	Nonpriority creditor's name and mailing address Spolar Studios LLC 3100 W Vera Ave Glendale, WI 53209 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.164	Nonpriority creditor's name and mailing address Springview Landscape Service, Inc. 420 S. Ronsman Road Green Bay, WI 54311 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,730.00
3.165	Nonpriority creditor's name and mailing address Sunbelt Rentals Inc. P.O. Box 409211 Atlanta, GA 30384-9211 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 20,093.92
3.166	Nonpriority creditor's name and mailing address The Boelter Companies Inc. N22W23685 Ridgeview Pkwy Waukesha, WI 53188 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.167	Nonpriority creditor's name and mailing address <u>The Sigma Group</u> <u>1300 W. Canal Street</u> <u>Milwaukee, WI 53233</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>5,761.56</u>
3.168	Nonpriority creditor's name and mailing address <u>The VanderBloemen Group LLC</u> <u>215 W. North St.</u> <u>Waukesha, WI 53188</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>25,354.00</u>
3.169	Nonpriority creditor's name and mailing address <u>Thomas G. Secor</u> <u>633 E. Walnut St</u> <u>Green Bay, WI 54301</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.170	Nonpriority creditor's name and mailing address <u>Time Warner Cable</u> <u>P.O. Box 4639</u> <u>Carol Stream, IL 60197-4639</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>132.09</u>
3.171	Nonpriority creditor's name and mailing address <u>Total Wall Systems LLC</u> <u>4258 Upland Dr.</u> <u>Colgate, WI 53017</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,631.25</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.172	Nonpriority creditor's name and mailing address Tweet/Garot Mechanical Inc. 1825 Dolphin Dr Waukesha, WI 53186 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.173	Nonpriority creditor's name and mailing address U.S. Bancorp Attn: Bankruptcy Dept. P.O. box 5229 Cincinnati, OH 45201 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.174	Nonpriority creditor's name and mailing address United Healthcare Insurance Co. P.O. Box 94017 Palatine, IL 60094-4017 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.175	Nonpriority creditor's name and mailing address United Rentals (North America) P.O. Box 840514 Dallas, TX 75284-0514 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.176	Nonpriority creditor's name and mailing address United States Fire Protection 2936 South 166th Street New Berlin, WI 53151 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 14,891.50

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.177	Nonpriority creditor's name and mailing address <u>UPS</u> <u>Lockbox 577</u> <u>Carol Stream, IL 60132-0577</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>131.54</u>
3.178	Nonpriority creditor's name and mailing address <u>US Bancorp Community Development Corporation</u> <u>1307 Washington Ave Suite 300</u> <u>Saint Louis, MO 63103</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.179	Nonpriority creditor's name and mailing address <u>VandenPlas Sanitation Inc.</u> <u>5132 County R.</u> <u>Denmark, WI 54208</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3.180	Nonpriority creditor's name and mailing address <u>Venture</u> <u>2110 Pewaukee Rd.</u> <u>Waukesha, WI 53188</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>8,185.12</u>
3.181	Nonpriority creditor's name and mailing address <u>Visa Business</u> <u>P.O. Box 6294</u> <u>Carol Stream, IL 60197-6294</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marriott Rewards business card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>6,600.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.182	Nonpriority creditor's name and mailing address <u>Vorpahl Fire & Safety</u> <u>P.O. Box 12175</u> <u>Green Bay, WI 54307-2175</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>429.58</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.183	Nonpriority creditor's name and mailing address <u>Wegner CPAs, LLP - Baraboo</u> <u>P.O. Box 150</u> <u>Baraboo, WI 53913</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>508.75</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.184	Nonpriority creditor's name and mailing address <u>Western National Insurance</u> <u>Edina Corporate Center 4700 West 77th St.</u> <u>Edina, MN 55435-4818</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>80,700.80</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.185	Nonpriority creditor's name and mailing address <u>WI Steel Contractors</u> <u>1528 W. Donges Bay Rd.</u> <u>Mequon, WI 53092</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>36,924.30</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.186	Nonpriority creditor's name and mailing address <u>Wisconsin Public Services Corp</u> <u>933 S Wildwood Ave P.O. Box 19003</u> <u>Sheybogan, WI 53081</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.187	Nonpriority creditor's name and mailing address Xcel Energy P.O. Box 9477 Minneapolis, MN 55484-9477 Date or dates debt was incurred 1/18/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 48.08
3.188	Nonpriority creditor's name and mailing address Zersen Flooring Inc. 412 8th Street Monroe, WI 53566 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 57,570.00
3.189	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3.190	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3.191	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. <u>Wisconsin Dept. of Revenue</u> <u>PO Box 930208</u> <u>Milwaukee, WI 53293-0208</u>	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. <u>David Henry Weber (231 S Adams St , Green Bay, Wisconsin 54305)</u> <u>231 S Adams St , PO Box 23200</u> <u>Green Bay, Wisconsin 54305</u>	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. <u>David Knute Ziemer</u> <u>1901 Central Ave # 202</u> <u>Cheyenne, WY 82001</u>	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. <u>Michael Ray Demerath</u> <u>200 S Washington St Ste 200</u> <u>Green Bay, WI 54301</u>	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. <u>Aaron Hunter Kastens</u> <u>555 Main St</u> <u>Racine, WI 53403</u>	Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. <u>Justin Michael Mertz</u> <u>100 E Wisconsin Ave Ste 3300</u> <u>Milwaukee, WI 53202</u>	Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. <u>Vanessa R Chavez</u> <u>100 N Jefferson St # 200</u> <u>Green Bay, WI 54301</u>	Line <u>3.41</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. <u>Jason L. Johnson</u> <u>1665 N Water St Ste A</u> <u>Milwaukee, WI 53202</u>	Line <u>3.51</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. <u>Ryan Matthew Billings</u> <u>4650 N Port Washington Bldg 2nd FL</u> <u>Milwaukee, Wisconsin 53212</u>	Line <u>3.52</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. <u>Michele M. Mckinnon</u> <u>231 S Adams St PO Box 23200</u> <u>Green Bay, WI 54305</u>	Line <u>3.61</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. <u>Christopher Allen Camardello</u> <u>401 2nd Ave N Ste 400</u> <u>Minneapolis, MN 55401</u>	Line <u>3.71</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.12. <u>Jeffrey R. Ansel</u> <u>225 S 6th St Ste 3500</u> <u>Minneapolis, MN 55402</u>	Line <u>3.71</u> <input type="checkbox"/> Not listed. Explain _____	____ _

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.13 William E Ryan 631 N Mayfair Rd Wauwatosa, WI 53226	Line <u>3.72</u> <input type="checkbox"/> Not listed. Explain _____	____
4.14 Steven Jerold Krueger 231 S Adams St PO Box 23200 Green Bay, WI 54305	Line <u>3.76</u> <input type="checkbox"/> Not listed. Explain _____	____
4.15 Devon Daughety 4650 North Port Washington Road Milwaukee, WI 53212	Line <u>3.83</u> <input type="checkbox"/> Not listed. Explain _____	____
4.16 Samuel C. Wisotzkey 4650 North Port Washington Road Milwaukee, WI 53212	Line <u>3.83</u> <input type="checkbox"/> Not listed. Explain _____	____
4.17 Douglas R Stern 520 N Grand Ave Waukesha, Wisconsin 53186	Line <u>3.84</u> <input type="checkbox"/> Not listed. Explain _____	____
4.18 Heidi Davidson Melzer 414 E Walnut St Ste 280, PO Box 11097 Green Bay, WI 54307	Line <u>3.86</u> <input type="checkbox"/> Not listed. Explain _____	____
4.19 Michael Ray Demerath 200 S Washington St Ste 200 Green Bay, WI 54301	Line <u>3.88</u> <input type="checkbox"/> Not listed. Explain _____	____
4.20 John R Schreiber 111 E Wisconsin Ave Ste 1400 Milwaukee, WI 53202	Line <u>3.98</u> <input type="checkbox"/> Not listed. Explain _____	____
4.21 Nicholas L Hahn 107 Church Ave Milwaukee, WI 54901	Line <u>3.98</u> <input type="checkbox"/> Not listed. Explain _____	____
4.22 Paul Gregory Swanson 111 E Wisconsin Ave Ste 1400 Oshkosh, WI 54901	Line <u>3.98</u> <input type="checkbox"/> Not listed. Explain _____	____
4.23 Robert Gagan 716 Pine St Green Bay, WI 54301	Line <u>3.98</u> <input type="checkbox"/> Not listed. Explain _____	____
4.24 Steven J. Slawinski 111 E Wisconsin Ave Ste 1400 Milwaukee, WI 53202	Line <u>3.98</u> <input type="checkbox"/> Not listed. Explain _____	____
4.25 Patrick H. Madden 116 S Main St Mayville, WI 53050	Line <u>3.101</u> <input type="checkbox"/> Not listed. Explain _____	____
4.26 Melissa Blair Epsin 100 Manpower PI Milwaukee, WI 53212	Line <u>3.107</u> <input type="checkbox"/> Not listed. Explain _____	____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.27 Michael D. Huitink 675 N Barker Rd Ste 300 Brookfield, Wisconsin 53045	Line <u>3.107</u> <input type="checkbox"/> Not listed. Explain _____	____
4.28 Sean Connor Leedom N20W22961 Watertown Rd Waukesha, WI 53186	Line <u>3.108</u> <input type="checkbox"/> Not listed. Explain _____	____
4.29 Steven William Jelenchick 330 E Kilbourn Ave Tower 2 Ste 1085 Milwaukee, Wisconsin 53202	Line <u>3.115</u> <input type="checkbox"/> Not listed. Explain _____	____
4.30 Christopher Lee Rexroat 740 N Plankinton Ave Ste 800 Milwaukee, Wisconsin 53203	Line <u>3.118</u> <input type="checkbox"/> Not listed. Explain _____	____
4.31 March & McLennan Agency 2725 S Moorland Rd. #200 New Berlin, WI 53151	Line <u>3.122</u> <input type="checkbox"/> Not listed. Explain _____	____
4.32 Kristy A. Christensen 2401 E Enterprise Ave Appleton, WI 54913	Line <u>3.125</u> <input type="checkbox"/> Not listed. Explain _____	____
4.33 Thomas J. Nitschke 123 N Wacker Dr. Ste 250 Chicago, IL 60606	Line <u>3.127</u> <input type="checkbox"/> Not listed. Explain _____	____
4.34 Sherry Dawn Coley 318 S Washington St Ste 300 Green Bay, Wisconsin 54301	Line <u>3.136</u> <input type="checkbox"/> Not listed. Explain _____	____
4.35 Ronald F. Metzler _____ _____	Line <u>3.148</u> <input type="checkbox"/> Not listed. Explain _____	____
4.36 Ronald F. Metzler 222 Cherry St Green Bay, Wisconsin 54301	Line <u>3.151</u> <input type="checkbox"/> Not listed. Explain _____	____
4.37 Stephanie Hanold Anacker 675 N Barker Rd Ste 300 Brookfield, WI 53045	Line <u>3.159</u> <input type="checkbox"/> Not listed. Explain _____	____
4.38 Thomas C. Hofbauer N20W22961 Watertown Rd Waukesha, Wisconsin 53186	Line <u>3.159</u> <input type="checkbox"/> Not listed. Explain _____	____
4.39 Christopher Lee Rexroat 740 N Plankinton Ave Ste 800 Milwaukee, Wisconsin 53203	Line <u>3.163</u> <input type="checkbox"/> Not listed. Explain _____	____
4.40 Katie L. Mason 1000 N Water St # 2100 Milwaukee, Wisconsin 53202	Line <u>3.166</u> <input type="checkbox"/> Not listed. Explain _____	____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.41 Katherine Maloney Perhach 411 E Wisconsin Ave Ste 2350 Milwaukee, WI 53202	Line <u>3.172</u> <input type="checkbox"/> Not listed. Explain _____	____
4.42 Kevin M. Long 411 E Wisconsin Ave Ste 2350 Milwaukee, Wisconsin 53202	Line <u>3.172</u> <input type="checkbox"/> Not listed. Explain _____	____
4.43 Frank W. Dicastri 555 E Wells St Ste 1900 Milwaukee, Wisconsin 53202	Line <u>3.178</u> <input type="checkbox"/> Not listed. Explain _____	____
4.44 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.45 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.46 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.47 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.48 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.49 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.50 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.51 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.52 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.53 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____
4.54 _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$ 19,734.33

5b. Total claims from Part 2 5b. + \$ 3,176,707.80

5c. Total of Parts 1 and 2 5c. \$3,196,442.13
Lines 5a + 5b = 5c.

Attachment
Debtor: KPH Construction Corp. Case No: 19-20939-beh

Attachment 1

Centralized Insolvency Operations, P.O. Box 7346

Fill in this information to identify the case:Debtor name KPH Construction Corp.United States Bankruptcy Court for the: District of Wisconsin EasternCase number (If known): 19-20939-beh Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Lease for two buildings located at 1237 W. Bruce St., Milwaukee, WI 53204</u>	<u>Bruce Real Estate LLC</u> <u>1237 W. Burce St.</u>
	State the term remaining	<u>12/31/19 renews unless terminated.</u>	<u>Milwaukee</u> <u>WI</u> <u>53204</u>
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Lease for 2018 Black Jaguar XE, 39 months</u>	<u>Fields Pag, Inc.</u> <u>1901 E. Moreland Blvd</u>
	State the term remaining	<u>Terminates on 05/07/2022</u>	<u>Waukesha</u> <u>WI</u> <u>53186</u>
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Lease for 2019 Silverado Chevrolet, 39 month term</u>	<u>Braeger Chevrolet, Inc.</u> <u>4100 S 27th St</u>
	State the term remaining	<u>Lease Expires 05/05/2022</u>	<u>Milwaukee</u> <u>WI</u> <u>53221</u>
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest	<u>Lease for 2019 Ford F-150, 36 month term</u>	<u>Braeger Ford Inc.</u> <u>4201 S 27th St</u>
	State the term remaining	<u>02/02/2022</u>	<u>Greenfield</u> <u>WI</u> <u>53221</u>
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		<u>See Attachment</u>
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:Debtor name KPH Construction Corp.United States Bankruptcy Court for the: District of Wisconsin EasternCase number (If known): 19-20939-beh☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.1 Keith Harenda	18411 W. Wisconsin Ave. Street Brookfield Wisconsin 53045 City State ZIP Code		BMO Harris Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 KPH Environmental Corp.	1237 W. Bruce St. Street Milwaukee WI 53204 City State ZIP Code		BMO Harris Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 KPH Construction Services, LLC	1237 W. Bruce St. Street Milwaukee WI 53204 City State ZIP Code		BMO Harris Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Bruce Real Estate, LLC	1237 W. Bruce St. Street Milwaukee WI 53204 City State ZIP Code		BMO Harris Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 KPH Investments, LLC	1237 W. Bruce St. Street Milwaukee WI 53204 City State ZIP Code		BMO Harris Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 KBH Holdings, LLC	1237 W. Bruce St. Street Milwaukee WI 53204 City State ZIP Code		BMO Harris Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.7 Knollhaven Real Estate, LLC	1237 W. Bruce St. Street Milwaukee WI 53204 City State ZIP Code		BMO Harris Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name KPH Construction Corp.

United States Bankruptcy Court for the: District of Wisconsin Eastern

Case number (if known): 19-20939-beh

☐ Check if this is an amended filing

Official Form 206Sum**Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*\$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*\$ 8,036,149.34**1c. Total of all property:**Copy line 92 from *Schedule A/B*\$ 8,036,149.34**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Hold Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, at the bottom of page 1 of *Schedule D*\$ 7,600,000.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F*\$ 19,734.33**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*+ \$ 3,176,707.80

4. Total liabilities

Lines 2 + 3a + 3b

\$ 10,796,442.13

Fill in this information to identify the case and this filing:

Debtor Name KPH Construction Corp.
United States Bankruptcy Court for the: District Of Wisconsin Eastern
Case number (if known): 19-20939-beh

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206—Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/19/19
MM / DD / YYYY

x

Signature of individual signing on behalf of debtor

Keith P. Harenda

Printed name

President

Position or relationship to debtor